



#3

Please type a plus sign (+) inside this box → ☐PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number ID01065Q

First Named Inventor Briegs et al.

**COMPLETE IF KNOWN**

Application Number 09 / 655,667

Filing Date September 6, 2000

Group Art Unit 2161

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLINICAL TRIAL MANAGEMENT SYSTEM

the specification of which

(Title of the Invention)

☐ is attached hereto  
OR☒ was filed on (MM/DD/YYYY) September 6, 2000

as United States Application Number or PCT International

Application Number 09/655,667 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/153,344	September 10, 1999	

[Page 1 of 2]

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: January 16, 2001

Typed or printed name Donald W. Wyatt

Signature

Date January 16, 2001

Express Mail Label No.

Date

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Donald W. Wyatt	40879		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

24265

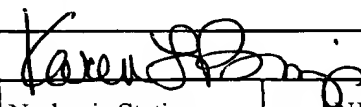
OR ☒ Correspondence address below

Name	Donald W. Wyatt				
Address	Patent Dept. K-6-1, 1990				
Address	2000 Galloping Hill Road				
City	Kenilworth	State	NJ	ZIP	07033-0530
Country	USA	Telephone	(908) 298-2902	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

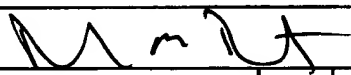
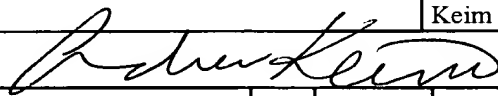

Given Name (first and middle [if any])		Family Name or Surname	
Karen L.		Briegs	
Inventor's Signature			Date
Residence: City	Neshanic Station	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5 Sweney Court		
Post Office Address			
City	Neshanic Station	State	NJ
ZIP	08853	Country	U.S.A.

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>1</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
David				Detoro			
Inventor's Signature						Date	1/9/01
Residence: City	Lebanon	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 171 Cokesbury Road							
Post Office Address							
City	Lebanon	State	NJ	ZIP	08833	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Andrew				Keim			
Inventor's Signature						Date	12/4/00
Residence: City	Voorhees	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 16 Promenade Place							
Post Office Address							
City	Voorhees	State	NJ	ZIP	08043	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jean-Louis				Saillot			
Inventor's Signature						Date	01/04/01
Residence: City	Berkeley Heights	State	NJ	Country	U.S.A.	Citizenship	France
Post Office Address 130 North Road							
Post Office Address							
City	Berkeley Heights	State	NJ	ZIP	07922	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

## REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Margaret M. Albanese	45525	Allan N. Kutzenco	38945
Edwin P. Ching	34090	Susan Lee	30653
Nancy V. Connelly	46638	Anita W. Magatti	29825
Eric S. Dicker	31699	Arthur Mann	35598
Robert A. Franks	28605	Christine F. Martin	39762
James M. Gould	33702	Edward H. Mazer	27573
Richard J. Grochala	31518	Richard B. Murphy	35296
Henry S. Hadad	35888	James R. Nelson	27929
Thomas D. Hoffman	28221	David B. Schram	43096
Henry C. Jeanette	30856	Immac J. Thampoe	36322
Palaiyur S. Kalyanaraman	34634	Paul A. Thompson	35385
Gerald P. Keleher	43707	Donald W. Wyatt	40879
Gabriel P. Kralik	34855	Sandy Zaradic	45997

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.